



NAVAL MEDICAL CLINIC ANNAPOLIS

CLINIC CRIER

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DoN Nathaniel Stinson Equal Employment Opportunity Award Winner



250 Wood Road,
Annapolis, MD 21402-5050

From the Commanding Officer: CAPT Kathleen D. Morrison, MSC, USN



Dear NMCLA Shipmates,

As I close out my 30 years on Active Duty, I wanted to share the last page of the command brief with all of you. This says it all!

"We are a 'can-do' and progressive command that achieves quality results. We embrace medical readiness and ensure our customers know that we are dual-rolled professionals. We value our resources as we look at process improvement, data, and outcomes. We will integrate TRICARE business practices as we maintain our mission focus--our customers have earned it. We will promote health maintenance and wellness for all of our beneficiaries."

As well as our mission, we also have a role as educators.... We will teach the future Navy and Marine Corps officers about military medicine, command of their health and health of their commands. We are ambassadors for the Naval Medical Clinic and for Navy Medicine!"

NMCLA has met these challenges and stand ready to further enhance health care delivery at the Navy's premier Medical Clinic. Thanks to all of you for your personal and professional support during this command tour. I look forward to running into you around town! ☺
Blessings to you and yours....

V/R
CO



Annual Physical Therapy Technicians' Conference

The Physical Therapy Department hosted a very successful Physical Therapy Technician Symposium on 1-2 Jun 01. Over 20 Physical Therapy Techs from Camp Lejeune, Cherry Point, Camp Pendleton, and Bethesda came to hear lectures on ACL reconstruction surgery, Hand/Wrist injuries, Modalities, EMG demo, Navy PT Community Update, Functional Anatomy/Evaluation/Rehabilitation progressions of knee, shoulder and ankle injuries. Invited lecturers were CAPT Wilckens, LCDR Brown, and LT Allen, NMCLA; CDR Ireland (PT Specialty Leader), and LT Robinson, NNMC. The attendees gave high praise for the quality of the lectures and the facilities and staff of NMCL Annapolis and NAVSTA.

Congratulations!



Shipmates and friends congratulated HM2 Waterman and HM3 Hicks at their frocking ceremony in the clinic courtyard.

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Coming Soon!

JUNE 2001

- 14 103rd HM Birthday Picnic
- 22 Change of Command & Retirement Ceremony
- 21-23 Inaugural Sports Medicine Symposium
- 28-29 Induction Day



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HEALTH PROMOTIONS CORNER

By Susan Hennessy, BSN, RN, MHA

Did you know some prescription medications, taken routinely, can diminish or deplete your body's supply of certain minerals and nutrients. Talk to your health care provider about vitamin supplements if you take any of the following.

| TYPE OF DRUG | NAME OF DRUG | NUTRIENTS AFFECTED |
|-----------------------------------|--|---|
| Antacids | Pepcid, Tagamet, Zantac | Vitamin B-12, folic acid, vitamin D, calcium, iron, zinc |
| | Prevacid, Prilosec | Vitamin B-12 |
| Antibiotics | Amoxicillin, Erythromycin, Penicillin, Tetracycline | Normal/beneficial intestinal flora |
| Antidepressants | Adapin, Aventyl, Elavil, Tofranil | Vitamin B-12, Coenzyme |
| Antidiabetic drugs | Micronase, Dymelor, Tolinas | Coenzyme Q-10 |
| | Glucophage | Vitamin B-12 |
| Anit-inflammatories | Aspirin | Vitamin C |
| | Advil, Aleve, Dolobid, Feldene | |
| | Indocin, Lodine, Motrin, Nalfron | Folic acid |
| | Naprosyn, Orudis, Relafen, Voltaren | |
| | Betamethasone, Budesonide, Cortisone, Dexamethasone, Hydorcortisone, Methylprednisolone, Prednisolone, Predisone | Vitamin C, vitamin D, folic acid, calcium, magnesium, potassium, selenium, zinc |
| Blood pressure-Lowering | Apresoline, Bumex, Edecrin, Lasix | Vitamin B-6, coenzyme Q-10, Vitamins B-1, C, magnesium, calcium, potassium, zinc |
| | Aquatensen, Lozol, Zaroxolyn | Coenzyme Q-10, magnesium, potassium, zinc |
| | Dyrenium, Blocadren, Cartrol | Folic acid, calcium, zinc |
| | Corguard, Inderal, Kerlone, Lopressor | |
| | Normodyne, Sectral, Tenormin, Viskin | Coenzyme Q-10 |
| Cholesterol-Lowering | Baycol, Lescol, Lipitor | Coenzyme Q-10 |
| | Mevacor, Zorcor | |
| | Colestid, Questran | Vitamin A, beta-carotene, vitamin B-12, Vitamin D, vitamin E, vitamin K, folic acid, iron |
| Hormone Replacement Therapy (HRT) | Evista, Prempro, Premarin, Estratab | Vitamins B-2, B-6, B-12, C, folic acid, magnesium, zinc |
| Oral Contraceptives | Estrastep, Norinyl, Ortho-Novum, Triphasil | Vitamins B-2, B-6, B-12, C, zinc, folic acid, magnesium |
| Tranquilizers | Ormazine, Mellaril, Prolixin, Thorazine | Vitamin B-2, coenzyme Q-10 |
| | Haldol | Coenzyme Q-10 |
| Thyroid replacement | Synthroid | Calcium |

Sources: Physician's Desk Reference; Drug-Induced Nutrient Depletion Handbook, by R. Pelton et al.

INDUCTION DAY

Plebe I-Day(-1) and I-Day activities consists of multiple administrative and medical events conducted simultaneously to process Midshipmen Candidates into the U. S. Naval Academy over a two-day period culminating with the Oath of Office at 1815 on 29 June 2001. On 28 June 2001, approximately 200 Midshipmen Candidates from the Naval Academy Preparatory School (NAPS) in Newport, RI and the FLEET will report to Alumni Hall at 0700 for the medical portion of the I-Day processing. These Midshipmen Candidates are processed in the same manner as Midshipmen Candidates reporting on I-Day, except personnel requiring an

evaluation by a medical specialist, other than an allergist, will return to Alumni Hall on I-Day. I-Day-1 is conducted singularly by NMCL personnel without the addition of personnel on Temporary Additional Duty. I-Day-1 provides an opportunity to identify issues that must be corrected prior to I-Day.

On 29 June 2001, approximately 1200 Midshipmen Candidates will report to Alumni Hall at 0600 for the medical portion of the I-Day processing. NMCLA has requested additional personnel on Temporary Additional Duty assignment to efficiently manage the large number of Midshipmen Candidates reporting on I-Day.

Farewell Thoughts

CAPT Bill Kelley, MC, USN
Executive Officer

This will be my last opportunity to address the Command as I begin my transition to psychiatry training. Many of you have said I should have my own head examined to begin such an endeavor at my “mature” age. Psychiatry represents a return to clinical medicine in a field I have always enjoyed. My undergraduate degree is in psychology; my research background is in psychology and my early days working as an orderly were in psychiatric hospitals. Throughout my career, I have had many opportunities to evaluate and treat patients in the mental health arena. I have always found the field rewarding, not withstanding my diversion to pathology and executive medicine.

You would think that my job as an executive officer should have well prepared me for psychiatry competency. An executive officer is supposed to spend an inordinate amount of time resolving staff conflicts, re-adjusting the attitudes of miscreants, and forging together teams of reluctant members to accomplish the mission. The fallacy of that thought is due to the caliber of the staff at NMCL-Annapolis. You have made my job as

XO incredibly effortless. The staff conflicts were usually accompanied with well thought out suggested changes and the miscreants were few in number. Rather than reluctant team members, I had the pleasure of working with dedicated, enthusiastic and highly skilled personnel who put their heart and soul into their work. We have accomplished much in an era when so much in terms of resources has been taken away. Rarely have the beneficiaries felt the internal pain we have necessarily felt from limited resources because we continued to deliver quality service at all times. My literary skills limit my ability to adequately thank you for your service to me and to the command.

Thank you!

Change often provokes anxiety and in the next few weeks we will undergo marked changes with a new commanding officer, a new executive officer and the impending departure of many valued members. The good news is this change should be relatively seamless to staff and beneficiaries. The new commanding officer, CAPT Shore, an

MSC officer, brings a wealth of experience to guide the command through the intricacies of the managed care maze in the coming years. CAPT Herrold, the new executive officer is a nurse practitioner who will be keeping her skills up in general medicine by seeing patients part time. This “working in the trenches” will help keep her pulse on any staff or patient concerns. Our civilian staff, as always, provides the corporate knowledge and anchor to buffer the changes necessary to any new administration. The newly reporting military personnel are as sharp a crew as any I have seen in years. Their highly skilled peers, already in place, will ably assist them. Bottom Line: NMCL-Annapolis is in good hands. The future should be exciting as the traditions of the Naval Academy are balanced by the dynamics of the ever-evolving healthcare field in which we work.

It has been an honor to be your executive officer. I look forward to serving with you again in the “small world” of the Navy.

Captain Morrison's Luncheon

THANK YOU all for helping us make this luncheon a memorable occasion for Captain Morrison.

- Change of Command/Retirement Committee



Congratulations!

Hail!

Farewell!

Promotions:

HM2 Adam Waterman
HM3 Joseph Hicks



CO and Paul Zahumensky change LTjg Zahumensky's shoulder boards during her promotion ceremony to current pay-grade.

LT S. Yang - Pharmacy
HM2 B. Oloyede - Laboratory
HN G. Mapp - Optometry
HN R. Underwood - MilMed
Mr. H. Leach - Ind. Hygiene



CO presented Joanne Skinner the 1st Quarter - Civilian of the Quarter award.

CAPT K. Morrison - Retirement
CAPT W. Kelley - NMC Portsmouth
LT A. Petrovanie - USNH Gtmo. Bay
LT S. Morley - CivLant
HM2 C. Pritchard - USNH Rota, Spain



HMC John Payne bids NMCL Annapolis a fond farewell as he transfers to the Fleet Reserves, 31 July 2001. His children, Amy and John, joined him on this memorable day.

LT Brian and Kendra Clark tied the knot - 26 May 01

HR Barnes and HN Summer Star (Portsmouth Naval hospital) tied the knot. May 2001



Timothy George born to HM3 Derrick and Stephanie Cruz - 30 May 01

Matthew Quinn born to HM1 Scott and Dana Charland - 30 May 01



AWARDS RECIPIENTS - May 2001

Comprehensive TRICARE Website

Navy Marine Corps Medical News MN012102

The most comprehensive and up-to-date TRICARE information is available on the TRICARE Web site at www.tricare.osd.mil/nda. For those beneficiaries whose questions cannot be answered by the TRICARE Website, there are new TRICARE toll-free telephone numbers to TRICARE representatives with answers on TRICARE For Life, the TRICARE Senior Pharmacy Program, and TRICARE Prime Remote for active duty and their family members. These new telephone numbers will greatly expand TRICARE's ability to provide accurate information. One of the best features of the new information technology center is the "warm hand-off." When beneficiaries reach a TRICARE Information Center representative, they are not disconnected until they have their questions answered, or they have been connected to

another person who can help them. There are no telephone recordings or directories to sort through. The toll-free telephone numbers for these TRICARE programs are: - Senior Pharmacy Program 1-877-DOD-MEDS (1-877-363-6337) - TRICARE For Life program 1-888-DOD-LIFE (1-888-363-5433) - TRICARE Prime Remote for active duty and their family members program 1-888-DOD-CARE (1-888-363-2273). Accessing the TRICARE Web site, available 24 hours a day, seven days a week, and using the tools available, such as "Frequently Asked Questions" beneficiaries can get the answers they need when they need them. Hours of operation for the telephone information center are Monday through Friday 7 a.m. - 11 p.m., Saturday 9 a.m. - 8 p.m., and Sunday 10 a.m. - 5:30 p.m. ET. In addition, Region 1 website can be access through this URL <http://tricare-northeast.detrack.army.mil>